



The Commonwealth of Massachusetts
Alcoholic Beverages Control Commission
239 Causeway Street
Boston, MA 02114
www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800016

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: AL & VAL INC

DOING BUSINESS AS CHARLES DINER

ADDRESS 218 Union st

CITY/TOWN: WEST SPRINGFIELD

STATE: MA

ZIP CODE: 01089

MANAGER: ALFANO,
MICHELLE K.

TYPE OF LICENSE: Restaurant

CATEGORY: Wine and
Malt Regular

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

ONE ENTRANCE, 4 EXITS. 1ST FLR TOTAL SQUARE FOOTAGE 9216

I hereby certify and swear under penalties of perjury that:

1. the renewed license will be of the same type for the same premises now licensed;
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and
3. the premises are now open for business (If not explain below)

SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:

APPROVED: ☐

DISAPPROVED: ☐

(If disapproved explain)

LOCAL LICENSING AUTHORITY

By:

DATE:

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF MARCH (M.G.L. Ch. 138 § 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800027

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: NORTH GARDEN, INC

DOING BUSINESS AS NORTH GARDEN

ADDRESS 42 MYRON ST

CITY/TOWN: WEST SPRINGFIELD STATE: MA ZIP CODE: 01089

MANAGER: Wong, Ka Kin TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SEATING CAPACITY FOR 85 PERSONS, TOTAL AREA IS 2700 SQ FT OF WHICH 700 SQ FT IS ALLOCATED TO KITCHEN AND RESTROOMS.

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Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800060

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: CENTURY BUFFET, INC

DOING BUSINESS AS

ADDRESS 247 MEMORIAL AVE

CITY/TOWN: WEST SPRINGFIELD STATE: MA ZIP CODE: 01089

MANAGER: YE, ZUE LING TYPE OF LICENSE: Restaurant CATEGORY: All Alcohol

EMAIL ADDRESS:

PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS

DESCRIPTION OF LICENSED PREMISES:

SELF CONTAINED KITCHEN AND RESTAURANT. REAR SERVICE ENTRANCE AND EXIT. LOADING DOCK _____

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SIGNED BY:

Individual, Partner or Authorized Corporate Officer

DATE:

TELEPHONE NUMBER:

EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 141800062

CITY OR TOWN WEST SPRINGFIELD

APPLICATION FOR RENEWAL:

Seasonal

LICENSED FOR 2013

CLASS

YEAR

LICENSEE NAME: FARONE, INC.

DOING BUSINESS AS MAMMA MIA'S PIZZERIA & RISTORANTE

ADDRESS 60 PARK STREET

CITY/TOWN: WEST SPRINGFIELD

STATE: MA

ZIP CODE: 01089

MANAGER: ALFARONE,
SALVATORE

TYPE OF LICENSE: Restaurant

CATEGORY: All Alcohol

EMAIL ADDRESS:

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DESCRIPTION OF LICENSED PREMISES:

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Individual, Partner or Authorized Corporate Officer

DATE:

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EMPLOYER IDENTIFICATION NUMBER:

(Note: **NOT** Individual Social Security Number)

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